

IN THE CUYAHOGA COUNTY OHIO COURT OF COMMON PLEAS

CLAIM FOR RECOVERY FOR
RACIAL DISCRIMINATION
AND EMOTIONAL DISTRESS

PETER J CORRIGAN
CV 19 917538

PLAINTIFFS)
MYRON A. GRACE,) THE CUYAHOGA COUNTY OHIO
RAKHSHANDA TALIB) COURT OF COMMON PLEAS
7519 MENTOR AVE., SUITE A-110) 1200 ONTARIO
MENTOR, OHIO 44060) CLEVELAND, OHIO 44113
(440)434-9861, E: TVPILOTS@YAHOO.COM)
)
DEFENDANTS)
JACK CLEVELAND CASINO)
100 PUBLIC SQUARE)
CLEVEAND, OHIO 44113)
(216) 297-4777)
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CLAIM FOR RECOVERY FOR RACIAL DISCRIMINATION AND EMOTIONAL DISTRESS

Issue

Now comes Myron A. Grace and Rakhshanda Talib on behalf of each other for recovery for Racial Discrimination and Emotional Distress. That in fact on 06/08/19 on or around 1:40 am EST an act of Discrimination occurred on property owned by Jack Cleveland Casino at 100 Public Square Cleveland Ohio 44113. That an employee named "Eason" of the Jack Cleveland



Casino called the Plaintiff's Ignorant and said "You People" (referring to plaintiff's as something other than Human and commonly interpreted as a alternate word o one for Nigger. Nigger being a derogatory term used by racist individuals to demean African Americans). The plaintiff's did nothing to provoke the incident, but the plaintiff's simply asked the employee for a Donut. Plaintiff's was asked to stay off premises for 24 hours and no has since tried to compensate plaintiff's in any manner for this treatment. The termed used by the employee of Jack Casino Cleveland "Eason" has had a lasting negative effect on the plaintiff's emotional state and has called the plaintiff's anxiety and distress. The act by "Eason" an employee of Jack Cleveland Casino may also be described as a Discriminatory Hate Crime (aka Ethnic Intimidation) ORC - 2927.12 Ethnic intimidation. - Ohio Revised Code. Procedure 12.160 - Rumors/Potential Civil Disturbances.

Plaintiff's have displayed physical symptoms of emotional distress- depression, shakes, and nightmares stemming from emotional stress.

Rules

Procedure 12.170 - Civil Disturbance Operation Procedure

Procedure 12.400 - Offense Reporting, Miscellaneous Reporting

Procedure 18.120 - Release of Information and Public Records

Cincinnati Municipal Code (CMC) 908-3 Criminal Intimidation

Public Law 101-275: Hate Crime Statistics Act

Ohio Revised Code (ORC) 2927.12 (Ethnic Intimidation)

Ohio Revised Code (ORC) 2929.12 (B)(8)(Seriousness and recidivism factors)

Definition:

A Hate Crime is a committed, threatened, or attempted criminal act by any person(s) against a person or property of another individual or group that may in any way constitute an expression of racial, religious, ethnic/national origin, sexual orientation, or other forms of bias.

Motivated by prejudices, hate crimes may include but are not limited to:

threatening communications, physical assaults, vandalism, cross burnings, destruction of religious symbols, and firebombing.

The Ohio Revised Code identifies and defines the following protected classes under the Ethnic Intimidation statute: a person or group of persons based upon their race, color, religion, or national origin.

<https://www.cincinnati-oh.gov/police/assets/File/Procedures/12417.pdf>

NEGLIGENT INFILCTION OF SERIOUS EMOTIONAL DISTRESS. The negligent infliction of emotional distress is an actionable tort in Ohio, meaning that the person who suffers the emotional distress can bring a lawsuit to seek damages from the person causing the harm.

Generally, a person may receive compensation for the negligent infliction of emotional distress if he either witnesses or experiences a traumatic incident, or is subjected to an actual physical danger or threat caused by the negligence of another.

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Analysis

Employee of Jack Cleveland Casino "Eason" committed a Hate Crime Against plaintiff's and also cause severe Emotional Distress to plaintiff's. Plaintiff's have displayed physical symptoms of emotional distress- depression, shakes, and nightmares stemming from emotional stress.

Damages

Plaintiff's ask for recovery of Damages in the following:

- a) Emotional Distress \$25,000
- b) Punitive Damages \$25,000
- c) Total Damages Requested: \$50,000

The plaintiff Myron A. Grace now comes before The Cuyahoga County Court of Common Pleas on Behalf of himself Pro Se.



Date 06-28-19

Myron A. Grace, Pro SE

7519 Mentor Ave., Suite A-110

Mentor, Ohio 44060

(440)434-9861

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

(\$25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Applicant's Name <i>MYRON A. GRACE</i>	D.O.B. <i>07/31/1963</i>	Person Represented's Name (if juvenile) <i>NYA</i>	D.O.B.
Mailing Address <i>7519 Mentor Ave, Suite A-110</i>	City <i>Mentor</i>	State <i>OH</i>	Zip Code <i>44060</i>
Case No.	Phone <i>(312) 459-8926</i>	Cell Phone <i>(440) 434-9861</i>	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1) <i>NYA</i>	D.O.B.	Relationship	Name 3) <i>4)</i>	D.O.B.	Relationship
2)					

III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'

Ohio Works First / TANF: SSI: SSD: Medicaid: Poverty Related Veterans' Benefits: Food Stamps: Refugee Settlement Benefits: Incarcerated in state penitentiary: Committed to a Public Mental Health Facility: Other (please describe): *Pro Se* Juvenile: (if juvenile, please continue at Section VIII)

IV. INCOME AND EMPLOYER

	Applicant	Spouse (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	<i>\$000</i>	<i>\$000</i>	<i>\$000</i>
Unemployment, Worker's Compensation, Child Support, Other Types of Income			
			TOTAL INCOME \$

Employer's Name: *NYA* Phone Number: *219-333-1111*Employer's Address: *123 Main Street, Mentor, OH 44060*

V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$ 4.00
Stocks, Bonds, CDs	\$ 0.00
Other Liquid Assets or Cash on Hand	\$ 0.00
Total Liquid Assets	\$ 4.00

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	<i>NYA</i>	Telephone	<i>\$60/month</i>
Child Care (if working only)	<i>NYA</i>	Transportation / Fuel	<i>NYA</i>
Insurance (medical, dental, auto, etc.)	<i>NYA</i>	Taxes Withheld or Owed	<i>NYA</i>
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member	<i>NYA</i>	Credit Card, Other Loans	<i>\$150/month</i>
Rent / Mortgage	<i>\$320/month</i>	Utilities (Gas, Electric, Water / Sewer, Trash)	<i>NYA</i>
Food	<i>NYA</i>	Other (Specify)	<i>NYA</i>
EXPENSES	\$ <i>182/month</i>	EXPENSES	\$ <i>182/month</i>

VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.

For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI.

If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets.

If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly

VIII. \$25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure / Affidavit of Indigency Form, you will be assessed a non-refundable \$25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within seven (7) days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

IX. AFFIDAVIT OF INDIGENCE

1. MYRON A. GRACE

_____(applicant or alleged delinquent child) being duly sworn, state:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

This financial disclosure form is true to the best of my knowledge.
Myron J. Hause 06/28/19
Affiant's signature Date

Notary Public / Individual duly authorized to administer oath:

Subscribed and duly sworn before me according to law, by the above named applicant this 28th day of June, 2019, at 1401 Broadway, County of Cuyahoga, State of Ohio.
Cleveland OH 44105

Signature of person administering oath

Title (example: Notary, Deputy Clerk of Courts, etc.)

X. JUDGE CERTIFICATION

I hereby certify that above-noted applicant is unable to fill out and / or sign this financial disclosure / affidavit for the following reason: _____ . I have determined that the party represented meets the criteria for receiving court-appointed counsel.

Judge's signature

Date

XI. NOTICE OF RECOUPMENT

ORC. §120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for **part** of the cost of services rendered, if he or she can reasonably be expected to pay. See ORC §2941.51(D)

XII. JUVENILE'S PARENTS' INCOME* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL

	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total
Employment Income (Gross)		
Unemployment, Workers Compensation, Child Support, Other Types of Income		
	TOTAL INCOME	\$

***Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.**

Wilson & Grace
17519 Norton Ave
Suite A-110
Nebraska, OH 44660

Jack Cleveland Casino
100 Public Square
Cleveland, Ohio 44113

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